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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/956,294 09/19/2001 PAT 6,708,901 *✓*  
 which claims benefit of 60/261,613 01/12/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/29/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY WI	SHEETS DRAWING 11	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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 24804  
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TITLE  
 Multiple function dispenser

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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